2000 Insurance Company Quarterly Return for SBT and Retaliatory Tax

This form is issued under authority of P. A. 218 of 1956 and 228 of 1975. See instructions for filing guidelines.

4th QUARTER DUE: January 31, 2001

and 220 or for or occurrence for mining gardennicor	Till QUARTER DUE: Validary	01, 2001
Business Name	NAIC No.	Federal Employer ID No. or TR No.
Address (No. and Street)	WRITE PAYMENT	
City, State, ZIP	AMOUNT HERE	
Taxpayer's Signature	Write your federal employer number on your check. Make payable to "State of Michigan	Dept. 77229

Michigan Department of Treasury 1988 (Rev. 11-99), Formerly C-8466

2000 Insurance Company Quarterly Return for SBT and Retaliatory Tax

This form is issued under authority of P.A. 218 of 1956 and 228 of 1975. See instructions for filing guidelines.

3rd QUARTER DUE: October 31, 2000

and 220 or for or occurrence for iming gardenness.	Old QUARTER DUE. COLOBOL	ord QUARTER BOL: Goldber of, 2000		
Business Name	NAIC No.	Federal Employer ID No. or TR No.		
Address (No. and Street)	WRITE PAYMENT			
City, State, ZIP	AMOUNT HERE	.00_		
Taxpayer's Signature	Write your federal employer number on your check. Make payable to "State of Michigan.	•		

Michigan Department of Treasury 1988 (Rev. 11-99), Formerly C-8466

2000 Insurance Company Quarterly Return for SBT and Retaliatory Tax

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2nd QUARTER DUE: July 31, 2000

and 220 of 1975. See instructions for filling guidelines.	ZIIU QUARTER DUE. July 31,	ZIIG QUAKTER DUE. July 31, 2000	
Business Name	NAIC No.	NAIC No. Federal Employer ID No. or TR No.	
Address (No. and Street)	WRITE PAYMENT		
City, State, ZIP	AMOUNT HERE		
Taxpayer's Signature	Write your federal employer number on your check. Make payable to "State of Michigan."		

Michigan Department of Treasury 1988 (Rev. 11-99), Formerly C-8466

2000 Insurance Company Quarterly Return for SBT and Retaliatory Tax

This form is issued under authority of P.A. 218 of 1956 and 228 of 1975. See instructions for filing guidelines.

1st QUARTER DUE: April 30, 2000

and 220 of 1373. Occ instructions for filling galacimes.	ist work it to bot. April 30,	April 30, 2000	
Business Name	NAIC No.	Federal Employer ID No. or TR No.	
Address (No. and Street)	WRITE PAYMENT		
City, State, ZIP	AMOUNT HERE	.00 Mail to: Michigan Treasury	
Taxpayer's Signature	Write your federal employer number on your check. Make payable to "State of Michigan."	Dept. 77229	

Place this form in a window envelope so our address is showing. Mail To: Michigan Department of Treasury Dept. 77229 Detroit, MI 48277 - 0229 Place this form in a window envelope so our address is showing. Mail To: Michigan Department of Treasury Dept. 77229 Detroit, MI 48277 - 0229 Place this form in a window envelope so our address is showing. Mail To: Michigan Department of Treasury Dept. 77229 Detroit, MI 48277 - 0229 Place this form in a window envelope so our address is showing. Mail To:

Michigan Department of Treasury Dept. 77229 Detroit, MI 48277 - 0229